

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLIX.

WEDNESDAY, AUGUST 3, 1853.

No. 1.

HYGIENICS OF TEMPERANCE, OR WATER AND ALCOHOL CONTRASTED ON THE PEOPLE PROPER.

BY SAMUEL A. CARTWRIGHT, M.D., NEW ORLEANS, LATE OF NATCHEZ.

[Communicated for the Boston Medical and Surgical Journal.]

WHEN the writer had the honor to receive the Rev. Dr. C. K. Marshall's communication, calling on him for the physical effects of alcoholic beverages on the different classes of people, who had come under medical observation, he was about visiting Natchez, his old place of residence. He looked over his account books of the years 1823 to 1828, and made a list of all those persons on whom he had attended at that period, as physician, and whose habits he knew. He took the list with him to Natchez, and added to it such other persons among his former acquaintances whom he recollected sufficiently well to classify on the question of temperance or intemperance. After making the classification, he submitted it to several of the older inhabitants for emendation and correction. The list contained 790 names—male adults of Natchez and its vicinity. As the women are all temperate, no notice was taken of them in collecting the statistics; nor of the minors, but only of the people proper, the true sovereigns.

Classified—the list stood: temperate, 330; intemperate, 460. All those who were in the habit of using alcoholic beverages, between meals, whether they ever got intoxicated or not, were classed among the intemperate. Whereas about 80 of those, classed among the temperate, occasionally indulged in a frolic or in what is called a social glass, in holiday times or at some particular celebration or convivial entertainment—thus reducing the number of the strictly temperate to about 250. Great assistance in making the classification was derived from the recollection of those who patronized grog-shops, bar-rooms and exchanges—being of that class which could scarcely be ten minutes together without some one of the company proposing to “treat,” as it was called, or to “take a drink.” With this class a political, moral or religious discourse of an hour or two in length, was generally considered a bore, as being too long between drinks. All these are classed among the intemperate, although, perhaps, not as many as an hundred of the 460 were in the habit of getting intoxicated, and the remainder seldom or never. Yet

they daily partook of ardent spirits, as regularly as their meals, and much oftener. They contributed very little to the support of the medical faculty, and were remarkably careless and regardless of their health. For minor ailments, such as colds, colics, diarrhœa, &c., instead of calling in a physician immediately as the temperate class did, they generally took an extra glass or two of their usual stimulating potations, often adding spices, and taking it hot instead of cold—thus approaching very nearly to the Thomsonian system of medication. If they could force a sweat, relief was apt to follow—or the over-charged stomach would reject its contents, the stimulating potations acting as an emetic and carrying off the bile. Hence, from their seldom calling in medical aid, the impression was made upon the public mind, that the use of spirituous liquors prevented disease. This delusion was confirmed by the fact that the temperate were so often sending for physicians. Their senses not being stupified, they felt any derangement in their systems, more evidently than those who were under the benumbing effects of alcohol, which in large quantities palsies the sentient system, like ether or chloroform. It was only, therefore, in cases in which alcoholic drinks failed to give relief, that medical advice was sought. It was often sought too late, and this class of people were very apt to die from maladies the temperate would very readily recover from, both from thus applying earlier, being more tractable and manageable, and having their blood in a better state. If a physician succeeded in curing the intemperate of the most dangerous diseases, he would often get neither pay nor thanks—as they did not know how ill they were. They came out of a serious illness, as they did out of a drunken frolic, with a forgetfulness of the past. If he were unable to succeed in curing them, his reputation suffered, as the friends of the deceased were apt to blame him for negligence or want of skill, pointing to this person or that who recovered from a much worse condition. As a general rule, they never recover from yellow fever, as about nine out of ten of the temperate do. Pneumonia, erysipelas, and fevers connected with chronic inflammation of the bowels or liver, carry most of the intemperate off.

How many of the 460 were living, after the lapse of a quarter of a century, was a question that it was important to ascertain. On making inquiry of the old inhabitants of Natchez, not more than a couple of dozen could be found or heard from. The greater part were known to be dead—and the balance had gone, no one knew where. Nor were there any sugar hogsheads or cotton bales rolling into the southern emporium to indicate the whereabouts of the missing. Champomier, in his "Statement of the Sugar Crop," has given a list of 1481 plantations, making 368 millions of pounds of sugar and 25 7-10 millions of gallons of molasses in 1852, with the names of the owners. None of the missing were found on that list. Nor did the cotton commission merchants know anything of them. Whereas, nearly all of the temperate class who have removed from Natchez and its vicinity, are on the list of either the cotton or sugar brokers. For the remainder of his old friends and patrons of the temperate class, the writer, on his arrival in Natchez, found it almost unnecessary to inquire how many of them were still living,

after a quarter of a century had passed by. For time seemed to have rolled backward, and there they were before him to speak for themselves. They were all living, excepting a few who had died from old age and accidents. According to the Carlisle tables, 330 individuals, at the average age of 25 years, would lose, in a quarter of a century, 83 of their number. Whereas only 68 have died in from 25 to 30 years; and their average age was more than 25 years. Yet in the average time of 27½ years, a smaller number had died, than the natural decrease in the most healthy countries. Speaking in general terms, it really did appear, that they were not only all living, but had all the money. Certainly, in proportion to their numbers, the lion's share of the wealth of the country belongs to them. If their property were equally divided, each would have upwards of one hundred and fifty thousand dollars for his share. The statistical figures made it much more. Water, as a beverage, is not only a good life-preserver, but it pays well. When first known to the writer, 25 to 30 years ago, many of them were serving out their probation under Temperance, as Jacob served Laban. They were rewarded with the most accomplished Leals and the fairest Rachels of the land—women who had too much good sense, polish, education and discretion to trust their persons and property to the whims, caprices, inconsistencies and uncertainties incident to the character of all those, no matter how plausible and attractive in other respects, who had not been trained, by the self-denying discipline of Temperance, to habits of sobriety, industry, constancy, consistency and stability. Poor they were, but having served out their probation and stood up to their principles through good and through evil report, they had that which soon made them more than rich—a character for sobriety, honesty, industry and attention to business, worth more than wealth. Some few jumped immediately into the possession of large estates by matrimonial alliances, while the greater number slowly rose to the attainment of princely possessions by industry and economy of money and time, coupled with a generous liberality of expenditure in praiseworthy objects—having always at hand, fives, tens, hundreds, and in some instances thousands and tens of thousands to build schools, colleges, churches, and for internal improvements; but never a dime to spend to support those drinking establishments, where time is wasted, morals corrupted, health impaired, broils engendered, and the bowje knife the judge, jury and executioner. The four hundred and sixty patronizers of such places of resort, 25 to 30 years ago, have nearly all passed away, leaving only here and there an infirm, sickly descendant to tell that any of them had ever been. Even the *Pere la Chaise* of Natchez contained scarcely a stone, that the writer could find, erected to the memory of any of the 460. The only place where the existence or non-existence of any of them, with a few exceptions, could be found, was the *sexton's book*. That did not tell of all who had died, but only those who had died at home. But it told of more than the larger half—enough and more than enough to draw a strong contrast between water and alcohol as beverages when used by the people at large—and to prove that intemperate habits, in this southern climate, cause a frightful waste of human life. The marble told of nearly all of those

few among the 330 temperance men, who were not living; while the streets of the city declared that the marble was mistaken—that they were not dead, as it said, but were living life over again, in the shape of a new generation or two of an active, healthy and wealthy posterity; having to tread cautiously, as their fathers did, to avoid the pits, with concealed mouths, at the corners of the streets and near by all public places of resort, into which many of them are, ever and anon, dropping.

The swarms of children, however, which the writer saw in every direction, pouring out of the school houses built by his old temperate acquaintances and patrons, particularly that large one, called the Institute, donated to the public by that best of men, Alvarez Fisk, gave evidence of a latent principle in physiology which would form a fine study for theologians and statesmen—viz., that the temperate in all things are sufficiently prolific soon to spread a progeny of the hale and the healthy, the civilized and the christianized, over the earth's broad surface, provided that progeny be prevented from falling into intemperate habits, which can only be done by protecting them from the ethyl breath—mercurizing the will—exhaling from the numerous grog-shops spread over this fair land.

The converse of the same physiological principle is, that a nation of intemperate people will soon become extinct, if both sexes be so; short-lived, rheumatic and consumptive, if only one be. The Indian nations, one after the other, are disappearing—both sexes being intemperate. The writer practised medicine two years near the Indian line, and observed that drunken squaws were seldom or never troubled with papouses—nearly all the children belonging to the temperate Indians. The black race, like the red, diminish faster than they multiply in the free States, Hayti, Canada, Sierra Leone, and wherever they have free access to spirituous liquors. They hold their own in the wilds of Africa, where they can get none. They multiply rapidly in those countries where their will, like children, is under restraint—the government paternal, and sufficiently kind to protect them from that great enemy of mankind, alcohol. Their own will is too weak, with the scent of that substance in their wide nostrils, to prevent them from leaving all industrious pursuits, and the places of religious and moral instruction, for the haunts of dissipation, from which moral suasion cannot draw them. The exceptions prove the general rule. In the depopulated neighborhoods of Eastern Virginia, the ruins of a distillery were often found in the boy-hood rambles of the writer. In those days the Ethiopian race were accused of being the curse of Virginia and America, and great numbers of whites ran away from their negroes to the far West. But at that early day a strong impression was made upon the writer's mind, that the thing which made good men bad, and free negroes worse than slaves, was surely the cause of the misfortunes of Virginia, as nearly all the evil he had ever seen, sprang from that source alone. He resolved never to drink ardent spirits, and when he grew to be a man to do what little he could to abate the evil. The Rev. C. K. Marshall's communication, calling for his observations of the effects of alcoholic beverages on the different classes of people—white, black and red—reminded him of his former



determination, and he only regrets his inability to do justice to the subject. The facts that he has adduced prove, that the advocates of alcohol have no right to seek shelter or protection in the science of medicine.

The means that physiology would suggest to protect the offspring of the prolific temperate from the evils of the traffic in ardent spirits will, fortunately, not only give the largest liberty to the greatest number, but will go a step beyond—a step of true republican progress—and give the largest liberty to the whole number, consistent with the health, peace and happiness of the various classes composing the whole number. This liberty they cannot have, while pits are everywhere dug and left open for their children to fall into, and while public places, private walks, hotels and thoroughfares are infested with lawless, dangerous madmen.

But there are other matters, besides mere temperance, which have to be taken into consideration to account for so much health, wealth, longevity and prosperity in a climate as hot as that of Natchez. The field and out-door work is performed by a class who delight to expose their persons to a bath of bright solar light, hot enough to blister the skins and inflame the blood of the other class. In the shade the temperature is nearly the same, in the summer months, at the North and the South. But the thermometer, in the shade, gives no idea of the insufferable heat of a cane or cotton field in the summer months at noon.

Another important matter—the water, in that section, is not only good, but it is probably the best in the United States; being mostly rain water, collected at the proper time and manner, in well-constructed cisterns, and kept cool and freed from organic and fermentable matter. To draw a fair contrast between water and alcohol, the water should be good. A very large proportion of the spring, well and river water, throughout the Union, is very impure. The summer rains contain much more organic and fungoid matter in the North than at Natchez or New Orleans. But at the latter places a few fish in the cisterns are very useful in purifying the water. Those who are now employed in preparing the various kinds of alcoholic beverages, could be better employed in filtering and freeing water, to be used for drinking and culinary purposes, of all impurities, as that of lead and other mineral impregnations, dead animalcules, fermentable substances, earthy and alkaline salts. All such impurities injure the teeth and deteriorate the blood—a fluid so nicely balanced between chemical and vital forces, that any deteriorating cause diminishes its vitality, as alcohol does, and lays the foundation for diseases of various kinds. The purification of water by filtration, surface action and other means, would not only be a good business for all those now engaged in dispensing and preparing alcoholic drinks, but would atone for much of the evil they have already done.

*Canal street, New Orleans, July 2d, 1853.*

## OPERATIONS FOR THE RADICAL CURE OF INGUINAL HERNIA.

[Concluded from page 513, vol. 48.]

**PRACTICAL** plastic operations and the results of tenotomy, are suggestive as to the requirements for successful and permanent closure of apertures made within or upon the human body by accident or disease. The gap in a divided tendon is filled up, if reparatory action is excited, by a tissue identical or similar to the original growth—capable at least of performing the functions of the tissue to which the new growth is joined.

Sections of muscular fibres are repaired in like manner. The bond of union may differ in form and appearance; it may not possess the power of contractility, but is equal in strength, probably, to the muscle in the normal state, and the muscular function will afterwards be performed.

If action in a divided tissue by injury or disease is to be reparatory, something analogous to the tissue should be reproduced; and generally this is the fact, else upon what principle in fractured bones do surgeons rely upon bone deposit as a means of uniting firmly the separated parts. This union does not always occur; but the failure is the exception, and its cause not always understood.

Divided nerves may unite, and their functional properties return. This could not happen but in accordance with the law that each tissue reproduces its kind; and aponeuroses and tendons are not proved to be exempt from this general law, which complications and adverse influences may sometimes defeat.

When the "pillars of the ring" by pressure and hernial descent are dilated, and rendered flaccid, no spontaneous action restores them to a normal state, or forms any firm connection with the fasciæ, the muscular or other tissues which together constitute the natural barrier and boundaries of the inguinal canal.

A theory of cure, then, rests upon an hypothesis, which may be stated in a few words. If the pillars of the ring are wounded at particular points, a plastic, reparatory process will re-unite them to each other, to the external surfaces of the sac, or by new insertions to the pubic attachments; in either case lessening the dimensions of the tendinous bands, approximating their edges, and closing the abdominal ring.

There are other elements in the problem of cure besides incision or scarification of the tendinous structures; but upon this principle, successful operation is proposed, varying the manner in accordance with the characteristics of the case. The best means to accomplish the end may be considered when the operation is the subject of remark.

Radical cures of recent herniæ caused by blows, have been noticed by surgeons, aided only by retentive means; it is reasonable to suppose the divided structures were united by the plastic process, and no departure from the usual mode of union is required to admit that in case of operation upon these structures there should be a similar result.

If in an operation for strangulation, the "pillars of the ring" had been purposely divided, and so placed as to reduce the ring to its normal size, and had become adherent, in such way that no hernia again appeared, would a theory of "radical cure" be considered extravagant or impossi-

ble, which put forth this "innovation" in evidence of its support? If radical cure followed such operation, would it be denied that this "new feature" had anything to do with this unusual result?

Subcutaneous operation upon the "pillars of the ring" would facilitate plastic action, and be more reliable in cases where it is possible to effect a cure.

For reasons which need not be given, some herniæ do not admit of cure, even though the hypothesis was proved to be as sound as that one which proposed to restore vision by depressing an opaque lens, or that other which asserts its control over arterial bleeding by ligature properly applied to the divided vessel—whether caused by wounds or ruptured aneurismal sacs.

The difference between the operations known, and that one suggested by the writer, will be seen if compared.

The usual mode is to excite *inflammation* in the sac, that adhesion may follow. In theory this operation should fail for the most part; and it does so, according to the records of practice; for if the peritoneum in the normal state was incompetent to resist the protruding bowel with some support from fasciæ, tendons and natural adhesions, how should it, when the hernia is increased in bulk, and the pressure is greater, accomplish retention when attenuated firmer structures, and dilated pillars of the ring, fail to give the support supplied in their normal condition and in natural association?

By a new method it is assumed that plastic action may be induced by proper means in the tendinous structures, without "*inflammation*;" and in cases where the stricture is not at the external ring in strangulation, if the "pillars of the ring" are incised and approximated by suture if necessary, after the usual operation for relief of strangulation, a radical cure will be a probable result.

Here the risk attendant upon inflammation is increased, which might embarrass curative action. But inasmuch as it is proved that plastic action, on the modelling process, proceeds with more certainty under cover, the "pillars of the ring," or other tissues acted upon from a distance by subcutaneous manipulation, would be a preferable mode. Dr. Heaton says he "has discovered a safe and simple way," for the approximation of the pillars and closure of the abdominal ring. Will his practice verify or disprove the advanced hypothesis? As to the safety of the operation, little need be said. Its successful issue would much depend upon the precision and skill of the operator.

It was not my design to compose an essay on the operations for the cure of hernia, ancient or modern, and I may have occupied more space than I intended in this imperfect outline of a subject, interesting to myself if not to the majority of medical readers. I do not know that I have recorded an original idea, and it may be proven to me that it is a correct deduction "to cure hernia by *producing adhesive inflammation of the walls* of the sac." The proposed hypothesis of tendinous union may have been tried or attempted by many operators, and found impracticable either in the operation or in its results. My limited acquaintance with medical literature does not, however, furnish me with any evidence

upon this point. I incline to the opinion that the "pillars of the ring" have been wounded in operations, or irritated by pressure, producing beneficial results and cures, without the knowledge of the operator, and the action thus induced has had the principal agency in the cures.

I coincide with those physiologists and pathologists who believe that inflammation is not normal action, nor necessary in any reparatory process of the animal organs, or tissues, and that according to the time and degree of its obtrusion in cases of injury or disease, it retards the cure, sometimes destroying the vitality of a part or organ, and as a consequence suspension of all the functions necessary to life.

Is it sound doctrine to rely for cure upon the production of an action no more required to form one cell, which is to become a part of a living normal tissue, then it is required in the act of generation, to vitalize and set in motion a germ which is destined, according to natural laws, to become the representative of the highest order of the created things of the earth.

Your ob't serv't, J. S. JONES.

No. 1 Bowdoin st., Boston, July, 1853.

#### AN ADDITIONAL MUSCLE OF THE EYE.

BY N. R. MOSELEY, M.D., PHILADELPHIA.

[Communicated for the Boston Medical and Surgical Journal.]

By dissections made recently by myself of the tissues within the orbits of the human eye, I have found a muscle that I never met with before, and a description of which I have not seen in the books. The muscle referred to is a small mass placed upon the outer side of the globe, running parallel for a short distance with the m. abducens. The fibres take origin from the orbital surface of the malar bone anterior to the point of union of this bone with the orbital surface of the sphenoid bone; from thence running forward, its tendon blends with the fibrous structure of the outer angle of the eyelid. By making the muscle tense, the outer canthus is drawn outward and backward. Thus it is an antagonist of the Tensor Tarsi of Homer. Now whether this muscle is always present in the human subject or not, I am unable to say; but by several wet specimens in my possession I can satisfactorily demonstrate it, be it anomalous or otherwise.

July 17, 1853.

#### MECHANICAL CURE OF SPERMATORRHŒA.

*To the Editor of the Boston Medical and Surgical Journal.*

THE advantages of reading medical journals are great. Yours has been received with great regularity for five years, and each number thoroughly read. It contains many valuable and practical suggestions. For example, an article on spermatorrhæa, June 29th, was read with interest. The next day a patient with that difficulty applied for relief. It was decided to pursue the plan described in the article alluded to. A piece

of leather, one inch wide, pierced with four small tacks, was formed into a ring one inch and a half in diameter. Cold water was to be applied to the thighs and back at bedtime, and the ring put upon the offending member, the points of the tacks being well protected with cotton. The patient informed me, a few days after, that he had followed my directions, but was not careful about a sufficient quantity of cotton around the points of the tacks; yet the purpose was answered, for he was aroused by them, in the midst of a lascivious dream, and then "vowed to the saints and blessed Virgin" ever after to follow the doctor's directions. The patient presented himself to-day, and informed me that no emission had troubled him since the first trial of the instrument. He had omitted it a few nights, and thought he was nearly cured. The case was of two years' standing, and had produced great despondency.

Yours respectfully,

West Medway, Mass., July 22, 1853.

IRA PERRY, M.D.

### HYSTERIA.

[Communicated for the Boston Medical and Surgical Journal.]

HYSTERIA is ordinarily, but not without exception, a disease pertaining to the female organization. The malady seems rather to belong to the sexual element, the aphrodisiac infusion, than to the general peculiarity; and though it is an epicene affection, it is by far the most frequently found among the females of the race. Hysteria is exclusively confined to the period of life during which the menstrual function is normally active: and much the greater number of cases occur in the condition of virginity. Ancient savans once taught that the soul dwelt in the womb. The statement gained plausibility from the argument, that, if it were not so, the fœtus could not receive the psychical endowment. Voltaire, on the other hand, maintained and contended that a being ignominiously thrust under life's threshold in company with the refuse of the system, was unworthy of an enduring principle. It has never been proved that the spirit dwells in the uterus; yet it is an incontestable fact that the organ exerts no inconsiderable synergic influence upon the systemic organization. The globus in hysteria is one of the most common symptoms. Its Irish designation is the "winding-arrow." In the paroxysms of hysteria an apparent loss of consciousness exists, which is frequently unreal and deceptive. A disposition on the part of the practitioner, who has made an accurate diagnosis of the case, to treat the complaint as a serious attack of disease, is injudicious. A demand for a bucket of ice-water, ostentatiously repeated in the presence of the pseudo-unconscious patient, has a wonderfully sedative effect; and an intimation that the water is abundant and cold, usually suppresses a returning disposition to exhibit unreasonable evolutions and irregular gymnastics. The cold affusion is seldom necessary when the inconvenience of an actual cateclism is properly portrayed before the patient. When required, a lavement of aqua glacialis is an efficient remedy, and rarely fails to remove the malady. Radical treatment consists in restor-

ing the deranged condition upon which the irregular or deficient menstruation depends.

The hysteric convulsions are alarming to the bystanders, and embarrassing to the attendant unless he be well aware of the nature of the case. A diagnostic symptom in hysteria, is the open state of the glottis; while in epilepsy, it is spasmodically closed. The affection exists sometimes as an epidemic, contagious by sympathy where a predisposition exists. A resolve to resist the attack is the best prophylactic. "*Est leo si fugias; si stas quasi musca recedit.*"

Masculine *hysterics* are not unheard of. The disorder has prevailed in a monastery of celibates. Even

" In those deep solitudes and awful cells  
Where heavenly pensive contemplation dwells,"

great Isis finds entrance and claims involuntary homage.

" Omne adeo genus in terris hominumque ferarumque,  
Et genus aquareum, pecudes, pictoreque volucres,  
In furias ignemque ruunt, amor omnibus idem."—*Georgic 3d, 232.*

July 21st, 1853.

S.

#### EPIDEMIC COLONITIS.

[Communicated for the Boston Medical and Surgical Journal.]

THE very great fatality of what was called dysentery during the summer of 1852, and present indications of its re-appearance, induce me to offer a few remarks which I hope will be acceptable to those who have not had an opportunity to investigate its character. The disease which I denominate as epidemic colonitis, occurring as it does in seasons when the true dysentery is more or less prevalent, has been, I fear, too often mistaken for the latter, and treated as such. As mistakes in the diagnosis may lead to fatal results, I have thought proper to lay before your readers some of the most prominent symptoms which distinguish it from true dysentery.

As the local inflammatory action has been more usually traced in the colon than elsewhere, some physicians, particularly Dr. Ballingall, have substituted the name of colonitis for that of dysentery, but still they all agree that the disease consists of inflammation of the mucous membrane of the large intestine. They all agree, likewise, that there is a deficiency of bile in the dysentery, notwithstanding there appears discrepancy of opinion with regard to the use of mercurials, although by far the great majority depend very much on them. Dr. Good says that in the dysentery chronica, or the bilious hepatic flux of the East, there is often a bilious flow from the rectum, and this he attributes to the extension of inflammation or irritation, during the chronic stage, to the liver, thus exciting that organ to excess of secretion—but, in taking into consideration the discrepancy of opinion among eastern practitioners relative to the effects of mercury in acute dysentery, I am inclined to the opinion that the form of disease which I speak of has been equally mistaken there.

The seat of the dysentery is the mucous coat of the colon, though

the inflammation often extends more or less to that of the small intestines. The disease is not attended by a too great secretion of bile, but rather a deficiency—the discharge being slimy or mucous, bloody, and often semi-purulent. In severe cases there is generally more or less soreness perceived by pressure on the abdomen. It is often controlled or cured by opium, calomel and ipecacuanha, aided by leeching or cupping on the abdomen.

What I call epidemic colinitis is in many respects a very different disease, and requiring very different medical treatment, although some remedies may be used which are proper in dysentery. I will describe its characteristics as far as my observation enables me to do so.

The first time I recognized it as differing from dysentery, was about the year 1829. During the summer of that year, there were a great many deaths by what was called dysentery about Lancaster and Guildhall, on the Connecticut river. As a great proportion of cases proved fatal, and the disease not yielding to the ordinary treatment, I understood at the time that Prof. R. D. Mussey was called, and that he made post-mortem examinations, the result of which I never learned; but at a later period I had several cases, which from report were of the same character, and which I now call epidemic colinitis. Since that time I have not met the disease till within two years, unless I overlooked its true character, which I might have done. In sporadic cases of acute colinitis, there is diarrhoea with slow pulse, unless there is extension of the inflammation to the peritoneum or to the small intestines, in which case the pulse becomes quickened. In epidemic colinitis, dysenteric symptoms become blended with the diarrhoea ordinarily attendant on the acute—the alvine discharges partaking of the mixed character, being occasionally more free and copious, and then apparently dysenteric. Generally a copious secretion of bile is manifest in the early stage, as it is often thrown up by vomiting or found mixed in the alvine discharges. As the muscular coat of the colon is highly inflamed in the onset, the blood becomes heated and excites the liver to over action. The soreness and pain in the track of the colon is much greater than in dysentery, and there often appears a degree of hardness in the line of it. The pain from enema is much greater than in dysentery, as the inflamed muscular coat will not admit of distension of the bowel. The pulse, particularly in adults, is slower, and the circulation in the capillary vessels is impeded, the face and extremities often assuming a purple appearance. The paroxysms of pain in the line of the colon are often very severe.

The pathognomonic symptom which most decisively distinguishes this complaint from dysentery, is the early presence of bile either in the stomach or in the alvine discharges. In dysentery the irritation or inflammation being principally confined to the mucous coat of the colon, that membrane receives a great afflux of blood; but the increased heat consequent upon inflammation, is in this case spent in the mucous and bloody excretions, and is not taken so much into the portal circulation; but as there are no excretions from the inflamed muscular and peritoneal coats, the heated blood passes into the vena-portarum and acts directly as a stimulus on the liver, and it is from this cause that bile is present, often

in excess, in the early stages of epidemic colunitis. As a correct diagnosis is essential to the successful treatment of these cases, I must beg the reader's patience while I attempt to illustrate the position by a case which bears particularly on it.

In 1850 I was called to visit Dr. J. F. Skinner, of Brownington, Vt., in consultation with his nephew, Dr. S. H. Skinner. He had been sick a few days with fever. When I saw him he had rather free, but yellow discharges. His mouth was slightly touched with calomel, and there was some fulness, with considerable heat of the abdomen, and some cough. In two or three days after, the lower half of the left lung was impervious to air. On about the eighth day the inflammatory irritation became suddenly extended to the pericardium, his pulse became very rapid, and there was also some delirium. At this time my friend, Dr. Newell, of Lyndon, was also called in consultation. As there was a slight yellow tinge, we directed small doses of calomel, with *cicuta* and *digitalis*, and retired about 3 o'clock, A.M. About 9, A.M., we saw him, and a very great change had taken place. The abdomen had become enlarged, as in ascites, but there was no decided fluctuation—the sensation on percussion resembling what we might expect had the abdomen been filled with a dense fluid, like quicksilver. He had frequent mucous discharges, but unmixed with bile. It was evident that the transfer of irritation to the pericardium had wholly suspended the action of the liver, and that this enlargement resulted from engorgement of the capillary vessels from obstruction in the portal circulation. We attempted to arrest the rapid mucous discharges by opiates and astringent injections, but without effect. They were very frequent, perhaps every hour or every thirty minutes. As these discharges resulted from congestion in the mucous membrane, we were unable to arrest them till the action of the liver was restored, by frequently-repeated doses of calomel, with calomel and iodine ointment, aided by galvanism. As we anticipated, as soon as the action of the liver was restored, the fulness and sensation of weight gradually disappeared, even some hours before yellow bile was observed in the discharges.

Now this case illustrates the position which I have taken, that the irritation of the mucous membrane of the colon, attended with mucous or dysenteric discharges, has no tendency to excite the liver to action, but rather the reverse; and it is probably from this excessive secretion that there is always a deficiency of bile in the true dysentery.

As epidemic colunitis occurs sometimes in the season of dysentery, it is necessary to make a careful examination of every case, especially when we find the ordinary treatment of the latter proving injurious. I have met with cases during its prevalence in which the peristaltic action of the colon appeared wholly suppressed, as in inflammation of the small intestines, but distinguished from the latter by a slow pulse and tenderness in the region of the colon. In these cases there has been no discharge; or, if any, purely fresh blood. This condition is only relieved by the most thorough cupping, leeching and blistering, in the region of the colon. In this state I have taken blood from the arm with benefit.

It may be thought by some that this disease is simply a modification



or different form of dysentery ; but it has for its seat a different tissue, that of the *muscular* coat of the colon ; and although the mucous coat becomes more or less involved by contiguity, yet it is an entirely distinct disease, and mistakes in the diagnosis have often proved fatal, and will continue to prove so, unless it has its proper place assigned it in our medical nomenclature. Having been called, last summer, to visit a family sick with it, I pointed out to Drs. Cowles and Meigs, the attending physicians, its distinguishing characteristics ; and as Dr. M. was particularly entrusted with the charge of the case, I will let him speak for himself :—

“DR. COLBY. Sir,—In answer to your inquiries respecting the sickness in the family of David Batchelder, I beg to inform you that there were in all seven sick with the disease ; two had died previous to my taking charge of the family. Having read the article which you have prepared for the Boston Medical and Surgical Journal, I can cheerfully add my testimony to the correctness of the pathological views therein expressed. There was one of the family, a girl of 18 or 20, who continued to vomit bile at intervals for six or seven days. At the same time there was a plentiful supply in the evacuations from the bowels. There was a good deal of pain and tenderness on pressure in the track of the colon, which was only removed by free leeching, cupping and blistering. Calomel I could not use without aggravating the symptoms. Opium, in the solid form, was most to be relied on. Since treating the above cases, I have attended quite a number of others, say forty or fifty, the symptoms being of the same distinctive character as mentioned in your communication for the Journal. I saw six or eight cases last March, the same symptoms being present as characterized the cases in the epidemic last fall. Some of them you may recollect, particularly the case of a little boy, 2 or 3 years old, who died the third or fourth day of the disease, in which you were called in consultation, and in which, also, we made a post-mortem examination, revealing the true nature of the disease. In this case there was no blood in the evacuations, but frequent bilious discharges. Injections of the *mildest* character gave great pain, but did not particularly increase the tenesmus, as they do almost invariably in common dysentery. I have noticed, also, an unusual quantity of mucus, apparently of a healthy character, in the discharges, attended with very little or scarce any tenesmus.

Yours truly,

Stanstead, Canada East, July 6, 1853.

JNO. MEIGS, M.D.”

In the treatment of this disease calomel produces a very aggravated effect, whether given as a cathartic or in small doses, and this I attribute to its action on an over-excited liver or to its stimulating effect on the muscular coat of the colon, or perhaps to both. The means which I have found most effectual have been leeching on the abdomen and cupping on the back, both in the track of the colon. Bleeding from the arm is often very important. After the inflammation is partially relieved, I substitute blisters for the leeches, but over the line of the colon, and still continue the cupping on the back. If there is much heat, several thicknesses of green leaves should be applied over the abdomen ; or for the

want of them, cloths wet in some anodyne cold liquid, such as hop or poppy-leaf tea. After the inflammation is sufficiently reduced, solid opium is the best to allay the pain and tenesmus, and to check the discharges. Physic should be as much as possible avoided; and when necessary to use it, castor oil, alone or beat up with the yolk of egg in a few tablespoonsfull of spearmint tea, I have found the least irritating. If there should appear any danger of ulceration in protracted cases, I think the nitrate of silver, either combined with opium or henbane in dill, is the most effectual remedy.

In the few cases of examination after death, there has been more or less ulceration, with apparently healthy pus in various parts of the mucous membrane; and in one case nearly an ounce was found between the mucous and muscular coats. In another case the pus appeared to have formed between the muscular and peritoneal coats, and to have passed down and terminated in fistula in ano. In all cases the muscular coat showed traces of severe inflammation.

*Stanstead, July 8, 1853.*

M. F. COLBY, M.D.

#### DISUSE OF PORK AMONG THE SHAKERS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—An article appears in your *Journal* of the 6th inst., page 463, with the above caption. The said article says that "Shakers' children, exposed to measles 'among the world's folks' who were sick with the disease, did not imbibe the sickness, having remained perfectly well ever since." "The reason given by the Shakers themselves why their children did not contract rubeola in this case, and why they are not liable to its invasion, is that they have never eaten pork." I admire their wisdom in eschewing swine's flesh as unclean, i. e., unhealthy meat; but I fear their reasoning and conclusion are based upon an imaginary theory only. If their deduction were correct, why do Jewish children and adult Israelites, who for hundreds of generations have not known the taste of pork, imbibe the disease or become affected with measles, like other sects and races who partake most bountifully of this meat? The Shakers' reasoning partakes in an eminent degree of the physiological ideas of an eminent dentist, late of this city, who starved a rabbit forty-eight hours, then boiled a pound of green tea in a gallon of water down to a half pint—poured the liquid down the unoffending rabbit's throat, and published this rare-bit of evidence as being a proof that tea was a deadly poison, as exhibited in the case of the unhappy rabbit that "keeled up" and died. This same eminent physiologist was in company with several professional (dental) gentlemen gathered together in the store of Jones, White & Co.'s dental depot, exchanging notes of wonderful dental operations—when the problem was started that mother Nature could be diverted from her usual physical formations by a very simple and cunning process. For example, he said—cut off a little dog's tail, on the paternal and maternal sides, for several generations, and the canine posterity would be born (pupped) without any caudal extremity whatever. A

very lively, instructive, ingenuous as well as ingenious *conversazione* threw its volume of light upon this momentous physiological problem. The author being a capital theorist, held on to his argument with all the tenacity of a dogmatist, to the great amusement of Mr. Jones and myself. His opponents were gradually yielding ground; inch by inch they were giving way. Mr. ———'s eyes beamed triumphantly, as each moment was securing him a glorious victory—when a friend of mine, who had, with bold front, entered the physiological arena, demanded of me my opinion on the very interesting subject which was being so scientifically discussed. I quietly observed, "not wishing to place the Jewish people on a par with the subject in question, yet physiologically the facts were the same; that for four thousand years the children of Israel had performed the religious rite of circumcision, and they were still born naturally with the prepuce as before the time of Abraham and his son Isaac." The argument closed, and the meeting adjourned *sine die*.

Very respectfully, A. C. CASTLE, M.D.

New York, July, 1853.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 3, 1853.

*The late Charles Caldwell, M.D.*—From the Louisville, Ky., Courier, we copy the following synopsis of the principal events in the life of Dr. Caldwell, whose decease was mentioned in the Journal last week, together with some just comments on the literary and scientific character of that remarkable man.—"He was about ninety years of age, and probably the oldest physician in the United States, and enjoyed the greatest celebrity as a medical writer and teacher. He did more than any one to enlighten the public and the profession on the origin of yellow fever, and clearly illustrated the absurdity of quarantines. Some years before the Asiatic cholera invaded Europe as an epidemic, Prof. Caldwell predicted that in one respect cholera would prove a blessing to mankind, by teaching the worthlessness of quarantine regulations, and the vital necessity of attention to all the laws of sanitary science; and this prediction, as full and clear as the history of the epidemic can be made now, has been verified in every particular. This prophetic prediction of the venerable teacher was recently made the conclusion of an invaluable report on cholera, published by the British Parliament.

"At the commencement of his medical career, Prof. Caldwell settled in Philadelphia, and won great distinction. Among the writers and investigators of that period, Dr. Caldwell was the greatest. He towered above his contemporaries, as a tall monument springs from the plain.

"In addition to Dr. Caldwell's luminous and voluminous labors upon all the important questions of medical science, all subjects of public interest felt the benefit of his intellect. His papers on Quarantines, Malaria, and Temperaments, are among the best in the English language on those topics. His treatises on Physical Education, on the Unity of the Human Race, and on Phrenology, have rarely been equalled. Every thing he

touched he adorned. We doubt whether the English language contains a biographical sketch equal to Dr. Caldwell's tribute to Fisher Ames, published in the American edition of Rees's Encyclopedia. A recent edition of his work on the Unity of the Human Race, displays a remarkable instance of intellectual vigor in one who had passed that period at which mental power usually begins to falter. In that work Dr. Caldwell reviewed a recent work on the Races by Dr. Knox, of England, and the criticism is one of the ablest and most conclusive we know of. Quite recently, Dr. Caldwell published a paper in the Western Journal of Medicine and Surgery on Liebig's theory of Animal Heat; and the distinguished Professor of Giessen has not received such a blow from any other quarter. But time and space would fail us if we were to attempt an enumeration in this paper of the works of Professor Caldwell.

"The great reputation of Dr. Caldwell as a medical scholar, teacher and writer, induced the friends of western enterprise in medical teachings, to invite him, about 1818, to a chair in the Transylvania School of Medicine. He accepted the trust, and entered upon the discharge of its duties with a zeal, intelligence and power that were determined to know no such thing as failure. He was the bright particular star of Transylvania, and during his connection with the institution it prospered. The labors of himself and of his colleagues, who caught inspiration from his example, made the Transylvania School of Medicine equal to any in the Union, and he had much to do with its proud pre-eminence.

"When he discovered that the spirit of the age demanded means for clinical instruction, and a larger field for medical observation than a village could furnish, he promptly entered into arrangements for transferring the Transylvania School to this city. Upon the failure of that attempt, he entered zealously into the project for establishing a school of medicine in Louisville, and by his labors, talents and eloquence, the project was forwarded. And to the same great powers the school was mainly indebted for its remarkable success.

"Dr. Caldwell was one of the most temperate men we have ever known. His science enabled him to keep a true sentinelship over his appetites, and the result was an exceedingly long life, far beyond that allotted to man by the royal Psalmist, with an almost entire exemption from sickness. Even in the closing scenes of life, disease did not invade his frame. He was nearly free from physical suffering; all the functions of his system were as well performed on his death-bed as during his highest health, and his mind was clear to the last. His life and death are impressive commentaries upon the truth of physiological doctrines, which he taught for half a century, and by which he regulated his life and ordered its last scenes."

---

*Philosophy of Mysterious Agents.*—A handsome duodecimo volume has made its appearance, from the press of Jewett & Co., of this city, by Dr. E. C. Rogers. While a series of numbers which compose the work before us, were passing through the press, free remarks on the ability of the author were made in this Journal. It was then, as at the present moment, our conviction that he had gone quite beyond the ability of the multitude to understand him. The silly mania that now extends over the civilized world in regard to table rappings, is mainly confined to circles of very imperfect reasoners. They are struck with what appears to be a great mystery, because it affords an undefined pleasure, nor would they have the

wonder cleared up if they could. The masses believe, but few really understand how unreasonable it is to do so. For that small number, Dr. Rogers will always be a delightful companion, while the millions will neither understand nor care for his erudite researches.—Appended to this ably conducted investigation, and within the same cover, is a new production, called “A discussion on the automatic power of the brain—being a defence against Rev. Charles Beecher’s attack upon the Philosophy of Mysterious Agents, in his review of *Spiritual Manifestations*.” In this, also, Dr. Rogers shows himself a true philosopher. Psychologists of the rational school will find food for themselves in this treatise. He dwells upon the soul’s locomotion, and plunges into the deepest waters to explain, upon well established principles, phenomena that pass among men for astonishing exhibitions of the spirit world. As there is but little for the purely medical man to study in this work, we must leave it, with the remark that the author has shown himself a metaphysician of no ordinary distinction, and one who is abundantly able to grapple with the most abstruse and difficult problems in philosophy.

---

*Fracture Tables*.—A supplement has been added to the elaborate tabular memoranda by Dr. F. H. Hamilton, of Buffalo, by Dr. John Boardman, comprising, in all, an analysis of *four hundred and sixty-one cases*. All who have any thing to do with fractured bones, will find this pamphlet of the highest value to them. It is really a text for a great book, which somebody may by and by complete. Some of the tables comprise nine columns:—in which are the name of the bone fractured; point of fracture; character of fracture; patient’s name; his age; time since it occurred; united or not; amount of shortening; and perfect or imperfect condition. Foot notes explain, in a succinct manner, the peculiarities of each patient, and it is mentioned what kind of apparatus was resorted to, when used at all. The fracture tables of the skull bones are minutely drawn, and afford a great deal of encouragement to the surgeon, who by consulting them will be able to determine, pretty accurately, the chance for his patient, if the accident bears any analogy to those here presented. Dr. Boardman’s industry is apparent. The first edition was considered excellent, but this is superior. Dr. Hamilton must have had an immense amount of surgical practice. Older operators, on the Atlantic border, could hardly match him with numbers. Dr. Hamilton dedicated the first issue to his sons. This is a touching evidence of parental affection. May they follow in the footsteps of their father, and thus secure to themselves the respect and admiration of all good men. As four copies of these tables can be had for the small sum of twenty-five cents, we recommend all who have a particle of interest in this branch of surgery, at a period when a resort to prosecutions for mal-practice has become a mania, to procure, by mail, Dr. Hamilton’s useful pamphlet.

---

*Asylums for Persons of Unsound Mind*.—A treatise by John M. Galt, M.D., of the Eastern Lunatic Asylum, Williamsburg, Virginia, has been received. The writer is well known to professional readers throughout the country, and hence his essays will be sure of a perusal. The leading article is on *reading, recreation and amusements for the insane*. It appears that Dr. Galt was selected, by the Association of Superintendents of Asylums, in 1847, to prepare a report on the above subjects, which he present-

ed to the Association in the following year. To that paper has been appended another on the *Lincoln Lunatic Asylum*, and the two, united, constitute a pamphlet of forty-four well-printed pages. The latter paper is a critical analysis of the internal administration of an English institution, in management of which Dr. Galt admires the spirit of progress. As this class of writings, since the treatment of insanity is reduced to a system in France, Prussia, Austria, Great Britain and the United States, have assumed an important character, Dr. Galt's pamphlet will doubtless be called for.

---

*Abortive Treatment of Continued Fever.*—An article of thirty pages by our friend, E. D. Fenner, M.D., of New Orleans, in the Medical Journal of that city, on the above named subject, is no every-day undertaking. He commences by an examination of the comments, in several Journals, on his views of this *abortive* treatment. He will, perhaps, feel called upon to look after other commentators—one article having already been received for insertion in this Journal. Dr. Fenner is a strong man, and abundantly able to sustain himself under all circumstances, though surrounded by an army of medical critics.

---

*Sale of a Valuable Cabinet.*—At Greenfield, Mass., on Wednesday, September 21st, there is to be a sale at auction of an immense collection of curiosities, which to naturalists may be considered almost invaluable. As physicians, more than other professional gentlemen, cultivate natural history both as a recreation and an accomplishment, this reference to the proposed sale will be in season to give those at the remotest parts of the country an opportunity to send on orders or procure catalogues, with a view to selecting articles. The collection is probably the richest in America, in ornithichnites. One stone slab, 10 feet by 6, is covered by foot-prints of birds arranged in determinate transits. Two of them are ten inches in length, with a stride of 3 feet 8 inches. The impressions are without blemish, and the specimen has been appraised at \$350. Another slab is set down at \$150, a third at \$75, and so on. Several remarkable specimens of quadrupedal foot-prints, besides an extraordinary collection of fossil fishes, minerals, shells, and miscellaneous objects of equal interest and value, are included in the list.

---

*Portable Water Closet.*—The comforts of life seem to multiply with the increase of population. The sick and disabled are cared for under all imaginable circumstances. Bedsteads, with cranks to raise or lower a single limb, or the whole body, are common. Elevators, for suspending patients in the air, in order to change the bedding, &c., are also among the modern improvements. Mr. Pearson, of Boston, an ingenious man, has invented a piece of furniture which combines an easy chair and cabinet. To attempt a description, would be a waste of labor. It must be seen, to be appreciated. In hospitals, there are conditions, in the history of cases, in which this device would be valuable above price. In private houses, too, but especially in the apartment of a debilitated invalid, it would be considered indispensable after having once had its excellencies demonstrated by a single day's use. At Buckley & Bancroft's great warehouse, corner of Beach and Lincoln streets, specimens may be examined.

*Dr. Cartwright on Temperance and Dr. Nutting on Quackery.*—The reader will find, in to-day's Journal, the conclusion of Dr. Cartwright's series of papers on the hygienics of temperance. If we are not much mistaken, these papers will at once take rank among the most important statistical documents before the public respecting the effects of alcohol. The writer's literary talents, and his standing as a man of probity and a physician, impart additional weight to his statistics and his arguments; and these, under the influence of his ardent temperament, are invested with a charm and freshness seldom infused into productions of the kind.—Dr. Nutting's essay, the continuation of which is crowded out of our pages to-day, was originally intended for a more popular destination; and such it is still intended to give it after its publication in the Journal. It will be found to be a carefully-prepared treatise, written with much ability, and setting forth the true sources and effects of medical delusions in a manner well calculated to influence the minds of many out of the profession. Physicians will have an opportunity, and they may feel it to be their duty, to aid in circulating it in their neighborhoods.

*Bristol District Medical Society.*—The following is a corrected copy of one of the resolutions of this Society, inserted in the Journal of June 29th, and respecting which a correspondent has since made inquiries.

"That in the opinion of this Society it is doing injustice to censure 'Thomsonians,' empirical oculists,' &c., or those who consult with outside empirics, while the parent Society retains in full and honorable communion, a class of Jesuitical deceivers in comparison with whom all other empirics and mountebanks are entitled to the most profound respect."

Dr. John M. Todd, of Monongahela city, relates that a new section of bone has been re-produced, in place of a piece taken away by a surgical operation in a boy's jaw, and that new teeth are being developed from the new bone.

**ERRATUM.**—In the last number of the Journal, page 512, line 15 from bottom, there should be a comma instead of a period between the words "action" and "Radical," and the word "even" should be introduced in the next line before the word "if."

**TO CORRESPONDENTS.**—Since our last issue, papers have been received on the Pathology of Poisoning, and a case of Foreign Body in the Windpipe.

**MARRIED.**—D. W. Jones, M.D., of Rindge, N. H., to Miss M. M. Ayler.

**DIED.**—On the home voyage from California, by accidentally falling overboard, Dr. Carroll.—In Richmond, Va., Dr. Robert Butler.—At Amherst, Mass., Dr. John S. Blodgett.—At Baltimore, Dr. John B. Wells, late of the U. S. Army.

*Deaths in Boston for the week ending Saturday noon, July 30th, 113. Males, 57—females, 56. Accidental, 1—inflammation of the bowels, 12—disease of the bowels, 3—inflammation of the brain, 4—disease of the brain, 3—consumption, 12—convulsions, 3—cholera infantum, 6—colic, 1—cancer, 1—dysentery, 7—diarrhoea, 1—dropsy, 2—dropsy in the head, 4—infantile diseases, 15—puerperal, 1—typhoid fever, 1—scarlet fever, 2—hemorrhage, 1—hooping cough, 3—disease of the heart, 1—inflammation of the lungs, 1—marasmus, 2—measles, 3—old age, 3—palsy, 3—rheumatism, 1—scrofula, 2—inflammation of the stomach, 1—teething, 8—thrush, 1—tumor, 1—drowned, 2—unknown, 1.*

Under 5 years, 70—between 5 and 20 years, 8—between 20 and 40 years, 15—between 40 and 60 years, 8—over 60 years, 12. Born in the United States, 89—Ireland, 19—England, 1—British Provinces, 2—Germany, 1—Sweden, 1. The above includes 9 deaths at the City institutions.

[We cheerfully accede to the request of the Secretary of the meeting alluded to below, and give place to its proceedings. The measure proposed, as a tribute of respect to the memory of two of our most eminent deceased medical men, is a very proper one, and we hope will be carried into effect.]

*Tribute to the Memory of Drs. Chapman and Horner.*—Pursuant to a call made by several of the physicians of Mobile, quite a large meeting of the graduates of the Medical Department of the University of Pennsylvania was held at Dr. Lee Fearn's office on Monday morning, the 18th inst., to express their sense of the loss that the Profession of Medicine has sustained in the recent death of Professors NATHANIEL CHAPMAN and WM. E. HORNER, and to devise some method of paying a lasting tribute to their memories.

Dr. S. Mordecai was called to the Chair, and Dr. Geo. A. Ketchum appointed Secretary.

On motion of Dr. John P. Barnes, a committee of four was appointed to draft resolutions and propose a plan of accomplishing the objects had in view. The Chair appointed the following committee:—Drs. John P. Barnes, R. Lee Fearn, E. P. Gaines, and Geo. A. Ketchum.

At a subsequent meeting, held on Tuesday, 19th instant, the committee reported the following preamble and resolutions:—

*Whereas*, It hath pleased Divine Providence to remove from the sphere of their usefulness, our much respected and honored instructors, Drs. Nathaniel Chapman and William E. Horner; and whereas, in our opinion, such services as they have rendered the cause of Medical Science and our "Alma Mater," deserve some especial and lasting tribute; and whereas, it was our peculiar privilege to receive instruction from their lips, and to have held up before us their bright examples of zeal and devotion to their profession, and high and honorable conduct in their private life—feelings of respect and esteem for them, and pride for the Science which they have so honored, have prompted us to meet together to give form and expression to the sentiments that fill our hearts in view of the bereavement that their deaths have occasioned. Be it therefore

*Resolved*, That in the death of Professors Nathaniel Chapman and Wm. E. Horner, our time-honored Alma Mater has lost two of its most indefatigable teachers, the city of Philadelphia two of its most respected and esteemed citizens, and the Professors of Medicine two of the most zealous contributors to the facts upon which that Science has erected an enduring foundation.

*Resolved*, That as former pupils of these distinguished Professors, we especially know how to appreciate the loss that our profession has sustained—and though we know that the rich treasures of knowledge that they have left as a legacy to Medical Science will perpetuate their names as long as the truths of that Science last—still we, the Alumni of the School, with whose glory their names are so inseparably entwined, would do something more to place their services and their virtues as a shining mark by which to direct the steps of future aspirants for the honors and the fame which reward the zealous, the industrious and the faithful in our noble Science.

*Resolved*, That in furtherance of the above resolution, we do hereby call upon the Alumni of the Medical Department of the University of Pennsylvania throughout the world to contribute the sum of ONE DOLLAR each, on or before the 25th of December next, to defray the expense of erecting a suitable monument to their memories, in the University yard in Philadelphia—that such contribution be sent to the Dean or any member of the present Faculty, to be used by them for that purpose so soon as, in their judgment, a sufficient sum shall have been received.

*Resolved*, That all Medical Journals and all papers which may approve this object, be requested to give the action of this meeting publicity, and to further the objects of these resolutions as much as may be in their power.

*Resolved*, That a copy of these proceedings be sent to the respective families of the deceased, and to the Faculty of the Medical Department of the University of Pennsylvania.

GEORGE A. KETCHUM, Sec'y. S. MORDECAI, Chairman.